MODELE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Charlie RICCI, et al.

Title:

METHODS FOR TREATING

ENDOLEAKS DURING

ENDOVASULAR REPAIR OF

ABDOMINAL AORTIC

ANEURYSMS

Appl. No.:

09/954,789

Filing Date:

September 12, 2001

Examiner:

S. Sharareh

Art Unit:

1617

CERTIFICATE OF EXPRESS MAILING 1 hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop Appeal Brief-Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. EV 532153899 US August 20, 2204 (Express Mail Label Number) (Date of Deposit) Rene Campos (Printed Name)

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Mail Stop Appeal Brief-Patents Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated April 21, 2004, and in the Advisory Action dated, finally rejecting Claims 16 and 20-32.

- [X] Loss of Small Entity Status;
- [X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- [X] Notice of Appeal Fee

[X]To be paid as detailed below

08/26/2004 AWONDAF1 00000062 09954789

01 FC:1401

330.00 OP

The required fees are calculated below:

[X]	Notice of Appeal Fee	\$330.00
[X]	Extension for response filed within the first month:	\$110.00
[]	Extension Already Obtained for first month:	-
	FEE TOTAL:	\$440.00
[]	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$440.00

- [X]A check in the amount of \$440.00 is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be [X] required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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